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The purpose of this study was to examine the relationship between the sex-role development of deaf children and their parents' attitudes about, and acceptance of, their deafness. Other variables examined included the child's self-concept and the parents' child-rearing attitudes.

The 16 deaf children in the study included 10 girls and seven boys who ranged in age from 6 to 13 years with a mean of 9 years. The 21 parents of the children who participated in this study included 14 mothers and seven fathers.

The children were tested at their school, a day facility for the deaf. Sex-role development was defined as both sex-role preference and sex-role adoption. Brown's (1956) IT Scale for Children was used to measure sex-role preference. Sex-role adoption was measured by Biller's (1968) Teacher Rating Scale. Self-concept was measured by a revision of Meadow's (1967) Self-Image Test.

The parents were interviewed at their home or at their child's school. An interview schedule developed by the researcher was used to measure family climate, defined for this study as the attitudes of the parents about deafness and their child and the coping behaviors used by them in dealing with the child's deafness. Shoben's (1949) Parent Attitude Survey was administered to measure the parents' child-rearing attitudes.

The data were analyzed using zero-order correlation, partial correlation, and multiple regression techniques.

The findings for these children supported the relationship between high (positive) family climate and moderate (appropriate) sex-role scores, especially for the younger children. No relationship was found between child-rearing attitudes and either self-concept, sex-role development, or family climate. Self-concept was positively related to family climate. The relationship between self-concept and sex-role development was equivocal.

Multiple regression analyses indicated that age, child-rearing attitudes, and family climate were the best predictors of sex-role preference for the deaf children in this study. Family climate and child-rearing attitudes were the best predictors of self-concept.

PARENTAL ATTITUDES AND ACCEPTANCE OF DEAFNESS RELATED TO THE SEX-ROLE DEVELOPMENT OF THE DEAF CHILD

by

Nancy Alexander Holland

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APPROVAL PAGE

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TABLE OF CONTENTS

TABLE OF CONTENTS (continued)

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

The deaf child, usually born to a hearing family, begins life with more than the impairment of his hearing. Perhaps the greatest problem of deafness is the lack of communication and the resulting isolation (Mindel & Vernon, 1971). This isolation has severe consequences for the later functioning of the deaf individual (Chough, 1970; Mindel & Vernon; Schlesinger & Meadow, 1972).

The guilt, grief, and anger experienced by hearing parents of a deaf child may impair their ability to provide a warm, nurturant environment necessary to the development of a "normal" child (Mindel & Vernon, 1971; Schlesinger & Meadow, 1972). Following an Eriksonian framework, Schlesinger and Meadow demonstrated how inadequate resolution of the developmental stages is related to parental misunderstanding and lack of acceptance of deafness in their child. The crisis experienced at the initial diagnosis of deafness is never completely resolved and healthy adaptation to the situation is slow to develop.

Many problems have been seen in the psycho-social functioning of the deaf. Schlesinger and Meadow (1972) summarized these problems as basic emotional immaturity in the deaf. Police records show a larger percentage of sexual offenses

among deaf law breakers than is found in the hearing population (Rainer, Altshuler, & Kallman, 1969). Sexual maladjustment is often seen in the deaf and is associated with neuroses and psychoses (Rainer, et al.; Schlesinger & Meadow). In light of these problems, Schlesinger and Meadow suggested that further research is needed in the sex-role development of the deaf child.

Research about sex-role development of hearing children is extensive. Most of this research has indicated that for appropriate sex-role development to occur, the child needs a warm, affectionate, nurturant home environment. Social interaction in the family with opportunities for reinforcement of sex-appropriate behaviors is most important, particularly during the first three or four years (Calderone, 1974; Fagot & Patterson, 1969; Mussen & Distler, 1960; Mussen & Rutherford, 1963).

This research has profound implications for the young deaf child since social interaction is severely limited, especially from birth to three years of age. The warm, nurturant family climate needed for the interaction involved in sex-role development is frequently hindered by the parents' false hopes, inaccurate beliefs, grief, anxiety, guilt, and resentment. The major question of the present research then is this: What is the relationship between the parents' attitudes and acceptance of deafness (family climate) and the sex-role development of the deaf child?

Operational Definitions

Family climate is defined operationally in this study as the attitudes of the parents about deafness and their child and the coping behaviors used by the parents in dealing with the deafness of the child. Family climate is viewed on a continuum from high (positive) to low (negative).

Sex-role development is defined as a combination of sex-role preference and adoption. Preference is defined as a score on Brown's (1956) IT Scale for Children (ITSC). The ITSC scores range from high own-sex stereotyping to high opposite-sex stereotyping. Appropriate sex-role preference is a score in the direction of own-sex stereotyping for the responder's gender but not a high score. High scores imply rigidity rather than appropriateness in the culture of today (Bem, 1974; Maccoby & Jacklin, 1974). Adoption is a measure of sex-typed behaviors and is defined as a score on a teacher rating scale designed by Biller (1968). Scores can range from high opposite-sex stereotyping to high own-sex stereotyping. A mid-range score is considered most appropriate.

Child-rearing practices is defined as a score on Shoben's (1949) Parent Attitude Survey (PAS). A mid-range score is considered most appropriate.

Self-concept is defined operationally as the score on an adapted version of Meadow's (1967) Self-Image Test. Scores range from low (negative) self-concept to high (positive) self-concept.

Sign language, signing, or manual communication refer to the method of communication used by most deaf people. It consists of discrete gestures that represent words and fingerspelling. Fingerspelling is a series of finger-hand configurations that represent letters of the alphabet and are used to spell words.

Purpose of the Study

This study was conducted to examine the relationship between the parents' attitudes and acceptance of deafness (family climate) and the appropriateness of sex-role development of the deaf child. It was hypothesized that:

1. A more accepting and positive (high) family climate is related to more appropriate sex-role development in the deaf child.
2. A high self-concept of the child is associated with both a high score on family climate and appropriate sex-role development.
3. A moderately low score, which is favorable, on the child-rearing practices instrument is associated with high self-concept, high family climate, and appropriate sex-role development.
4. A high score on family climate is associated with appropriate sex-role development independent of the effects of child-rearing practices and the child's self-concept.

CHAPTER II

REVIEW OF LITERATURE

It appears that sex-role development of the deaf child has had very little study (Schlesinger & Meadow, 1972). The literature concerning the deaf child and his family and the literature concerning sex-role development of hearing children suggest that family climate may be related to sex-role development of the deaf child. This survey of literature covers these two bodies of information. The deaf child and his family are discussed first. Sex-role development of hearing children is second. The summary combines the two and relates them to the present study.

The Deaf Child and His Family

The hearing parents of a congenitally deaf child or a child that is deafened before 18 months face a difficult situation. Generally, the mother begins to suspect that something is abnormal during the first year, especially if there are older siblings (Mindel & Vernon, 1971). The deaf child does not respond to her voice or to other environmental sounds. Fluctuations in the child's auditory responsiveness can mask the problem as the child may respond to some sounds one day and have no response the next (Schlesinger & Meadow, 1972). The normal babbling of a deaf, or hard of hearing, infant does develop but the intonational

ups and downs do not. By 9 to 12 months of age the vocalizations cease just when the parents are expecting the child's first words (Mindel & Vernon, 1971). As the child becomes more discrepant from the mother's expectations, the mother is likely to transmit her disappointment to the child through subtle tactile and kinesthetic cues (Mindel & Vernon; Schlesinger & Meadow). The usual parental gratifications are not available because of the unresponsive nature of the child which can have grave implications for the later parent-child relationship (Mindel & Vernon; Schlesinger & Meadow).

The parents of a deaf child generally experience a prolonged crisis period beginning when they first suspect that something is not normal and continuing for some even with the acceptance of deafness. Resolution of the crisis occurs for some but limited acceptance and despair come to others (Kennedy, 1973; Mindel & Vernon, 1971; Schlesinger & Meadow, 1972).

The professionals who first see the suspected deaf child give the parents very little support (Kennedy; Mindel & Vernon; Schlesinger & Meadow). Often mental retardation is suggested or the parents are considered over-anxious. Sometimes it is thought that the child is just a little below the developmental norms and will catch up (Mindel & Vernon; Schlesinger & Meadow). Frequently parents go from one professional to another seeking a diagnosis that is consistent with the deficient behaviors they have noted in their child.

This process can extend over a long period of time for some families (Mindel & Vernon; Schlesinger & Meadow).

When deafness is finally diagnosed, severe anxiety, guilt, grief, and frustration develop in the parents. Many try to deny the deafness and go to innumerable efforts to obtain a miracle cure (Mindel & Vernon; Schlesinger & Meadow). The initial crisis is not completely resolved for some parents until much later and can impair the healthy personality development of the child (Kennedy; Mindel & Vernon; Schlesinger & Meadow).

Once the diagnosis is accepted by the parents, however poorly, the parents are faced with the dilemma of deciding what kind of communication method to use with the child. They question the use of sign language alone or just lipreading and speech. Most educators of the deaf themselves are fairly well entrenched on one or the other side of the question (Fant, 1972; Olson, 1972; Stuckless & Birch, 1966).

The oralists' view of educating the deaf frequently appeals to parents. Speech and lipreading are taught to the exclusion of any other method of communication. Hearing aids are used to augment residual hearing. The oral method is supposed to prepare the deaf to function in the hearing world and this appeals to the parents' ego need to have the child be speaking just as they (Mindel & Vernon, 1971; Moores, 1973; Schlesinger & Meadow, 1972).

However, Vernon (1969) reported statistics that do not support the oralists' methods. Lipreading is not the magical

key to success or "happiness in the hearing world" (Mindel & Vernon; Vernon). The very best lipreaders comprehend only 26% of what is said (Vernon). Oralism has virtually failed the deaf because the children discard their imperfect oral skills when they leave school (Alterman, 1970; Vernon, 1969). Thirty percent of the deaf population is functionally illiterate. Sixty percent achieve grade level 5.3 or below. Only 5%, generally the adventitiously deaf or hard of hearing, achieve grade 10 or above (Vernon, 1969).

Because of poor school achievement, 80% of the deaf are in manual labor jobs compared to approximately 50% in the hearing population (Owrid, 1972). This is especially disturbing in relation to the IQ score distribution of the deaf which is equivalent to that of the hearing population (Vernon, 1969). Tying the learning of academic subjects such as math, history, and science to the development of oral skills has handicapped the development of the deaf (Vernon).

The slow process of learning oral skills does not result in usable language for the child and he is even unable to communicate effectively with his family. Frequently language learning for the deaf is not begun until well past the peak period for normal language development which is from 2 to 4 years of age (Lenneberg, 1967; McNeill, 1966; Mindel & Vernon, 1971).

The parents' other choice for the child is the use of sign language. This method of communication has been gaining

acceptance in educational settings because educators are beginning to question their traditional techniques in light of their failure (Vernon, 1969). Total communication, the combination of oral and signing skills, is replacing oral only methods in many schools (Schlesinger & Meadow, 1972).

Research comparing oral and manual (signing) methods is helping to bring about changes. Stuckless and Birch (1966) investigated the oralists' contention that the use of sign language will hinder the acquisition of lipreading and speech. Their sample consisted of deaf children with hearing parents and deaf children with deaf parents. The deaf parents were expected to have used sign language with their deaf children and the hearing parents were not. In this way the effects of early manual communication could be measured. The children with early manual communication, that is those with deaf parents, scored significantly better than the children of hearing parents on four variables, reading skills ($p=.01$), lipreading ($p=.05$), written language ($p=.01$), and psycho-social development ($p=.06$). There was not a significant difference in the intelligibility of oral speech.

Craig (1964) investigated the relationship between preschool oral training and later school achievement. He compared two groups, one that had had preschool oral training and another that had not. He found no significant difference between the groups on four measures of lipreading and one of paragraph reading.

In an effort to establish a negative relationship between oral and signing skills, Montgomery (1966) evaluated the lipreading, speech, and sign language skills of 59 profoundly deaf adolescents. He failed to find a negative correlation. His results tended to support a positive relationship between oral and signing skills but this was not within acceptable statistical limits.

The findings of Stuckless and Birch (1966) and Meadow (1967, 1968) support the academic and social advantage of children reared with signing in the home. But signing is difficult for most parents to accept. The parental need to produce a replica of themselves requires a normal (speaking) child (Mindel & Vernon, 1971; Moores, 1973).

> The fixation on normalcy...prevents parents from conquering their grief and achieving mature acceptance of deafness that is a prerequisite to adequate psychological and social development. Without such acceptance parents will not develop the mechanisms to cope with the outer reality of a child with a hearing loss and with the inner reality of adjusting to the feeling of loss of a desired normal child (Moores, 1973, p. 119).

This can have profound implications for the personality development of the deaf child (Kennedy, 1973; Mindel & Vernon, 1971; Moores, 1973; Schlesinger & Meadow, 1972; Vegely, 1971).

Meadow's (1968) study found that deaf children of deaf parents had higher IQ scores, better written English, and better fingerspelling than the deaf children with hearing parents. Also the deaf children with deaf parents scored higher than the deaf children with hearing parents on

measures of maturity, responsibility, independence, and appropriate sex-role behaviors. These are the social areas that are frequently weak in the deaf. Unfortunately Meadow did not strictly control the independent variable, sign language in the home. She merely assumed that the deaf parents signed and the hearing parents did not.

Psychological factors associated with deafness have been enumerated in several sources (Altshuler, 1964; Levine, 1956; Myklebust, 1960). Levine found egocentricity, easy irritability, impulsiveness, and suggestibility. Altshuler found much the same set of problems including egocentricity, gross coercive dependency, lack of empathy, impulsivity, and lack of thoughtful introspection. Immaturity in caring for others was reported by Myklebust. Rainer, Altshuler, and Kallman (1969) reported a higher percentage of sexual offenses among deaf law breakers than is found among hearing offenders. These psycho-social weaknesses have been related to several factors such as lack of efficient communication, residential schooling, and weak role models (Schlesinger & Meadow, 1972).

Sex-role Development of the Deaf Child

Sex-role development of the deaf child has had only peripheral study at present. Meadow (1967, 1968) found that residential school personnel rated deaf children with deaf parents higher than deaf children of hearing parents on a measure of appropriate sex-role behavior. Schlesinger and

Meadow (1972) reported that day students with hearing parents displayed more appropriate sex-role behavior than did the residential students regardless of parental hearing status. But their residential samples favored the children with deaf parents on the appropriateness of sex-role behavior. Since few deaf parents send their deaf children to day schools, their sample could not control for this variable (Schlesinger & Meadow). Rainer, Altshuler, and Kallman (1969) and Schlesinger and Meadow reported that sexual maladjustment is also associated with neuroses and psychoses in the deaf.

Schlesinger and Meadow (1972) suggested that further research is needed with regard to possible factors affecting sex-role development of the deaf child. They suggested that weak or inappropriate models in residential schools and in families that have not accepted the deafness of their child might be related variables. They also indicated that poor communication may contribute to the sex-role problems of the deaf.

Sex-role Development

Freudian theory. Research with regard to sex-role development of hearing children is extensive. Freudian theory contributed a major concept, the Oedipus complex, to the study of sex-roles. In psychoanalytic theory it is the resolution of this complex that leads to appropriate sex-role identification (Hall & Lindzey, 1970). This process differs for boys and girls.

The complex of problems are explained in this manner. Castration anxiety in the young boy evolves from his sexual attachment to his mother and his fear of castration by his jealous father. To minimize his fear and maximize his appeal to his mother, he behaves more like his father and eventually identifies with him. This is defensive identification or aggressive identification because the boy identifies with the aggressive father figure (Bronfenbrenner, 1970).

In contrast, the little girl suffers from penis envy when she discovers that she has no penis (Bronfenbrenner, 1970). She has the primary nurturant attachment to her mother but develops a sexual attachment for her father because he possesses the envied penis. The young girl adopts behaviors similar to her mother so that she is more attractive to her father. She comes to identify with her mother so that she will not lose her mother's love (Bronfenbrenner).

Fear seems to be the major factor in sex-role identification in Freudian theory. Identification with the same sex parent helps to reduce the fear (Bronfenbrenner; Hall & Lindzey, 1970).

Social learning theory. More current ideas about sex-role development come from social learning theory. Identification is an integral process of sex-role development in learning theory. However, the process is based more on love and nurturance than on fear (Mussen & Distler, 1960; Mussen & Rutherford, 1963).

Calderone (1974) suggested that a child's gender identity is established and fixed by the time the child is 18 months to 2 years of age. Children learn their gender identity through the socialization associated with their biological gender. It is only the differential socialization of boys and girls that leads to psychological masculinity and femininity.

Fagot and Patterson (1969) found sex-role behaviors in children at 3 years of age. They indicated that appropriate same-sex adult models are crucial in the development and maintenance of sex-appropriate behaviors.

Biller (1968) and Ward (1969) distinguished three stages in sex-role development. These are preference, adoption, and identification or orientation. The preference stage comes first (Ward). It involves a cognitive choice (Biller) and is established by age 5 in both sexes. Ward found that adoption is the second stage and involves a general behavioral imitation. The child is aware of only some of this imitation (Biller). Identification as Ward sees it is the third stage and encompasses the internalization of values and behaviors and an emotional tie to a model. Orientation is used by Biller instead of identification and is defined as one facet of how the individual views himself.

Mussen and Distler (1960) studied father-son interaction in highly masculine, strongly father identified boys. In general, the high masculine boys came from permissive, love-oriented homes. Their fathers were warmer, more affectionate,

and more active in care giving than were the low masculine boys' fathers.

To explain their findings, Mussen and Distler suggested that a warm, nurturant home, as opposed to one that is rigid and punitive, is happier and more relaxed in parent-child interactions. Children are more likely to seek contacts with parents and thus create more opportunities for modeling and reinforcement of appropriate behavior.

Mussen and Rutherford (1963) found that mothers are not as salient in sex-role development as fathers because the mothers do not seem to respond differentially to boys and girls. High masculine boys perceived their fathers as being powerful and nurturant. For girls, high femininity was associated with warm, self-accepting mothers and more masculine fathers who encouraged feminine behaviors.

In a longitudinal study of children tested at age 5 and again at age 12, Sears (1970) also found parental warmth and nurturance were correlated with appropriate sex-role development. In this study it was parental nurturance when the child was 5 years old that related to appropriate sex-role development and high self-esteem of the child at age 12. In this study, Sears also reported a negative correlation between femininity and self-esteem.

Sex-role preference. Brown's (1956) IT Scale for Children (ITSC) has been the focal point of a large body of research in sex-role development. A description of the

instrument can be found in the Procedures chapter of this study.

The first study of the ITSC found some unexpected results with the 5 to 7 year old subjects. The boys were more strongly masculine than the girls were feminine. Twice as many girls as boys had mixed preferences. Brown explained his results as being related to the higher prestige of the male role in young children.

In a second study involving children 5½ to 11½ years old Brown (1957) found similar results. A further explanation of the girls' more masculine scores was suggested: Girls are allowed to display masculine behaviors without experiencing adverse consequences. These behaviors become a part of their behavior repertoires. The girls may identify with the feminine role but prefer some masculine behaviors. However, boys are not allowed to adopt any feminine behaviors. Feminine responses in boys are punished or not reinforced and therefore are extinguished.

Several variations of the ITSC have been studied. Lansky and McKay (1963) concealed the IT figure in an envelope and found more variability in males than was found in previous studies. They felt that the IT figure is not really neuter but has a masculine bias.

A blank card replaced the IT figure in Fling and Manosevitz's (1972) study. Their results supported the masculine bias of the IT figure. With the blank card they found

no significant difference between the boys and girls. Another factor related to the similar variability of the male and female scores was the high social status of the subjects.

Thompson and McCandless (1970) administered the ITSC with three different instruction conditions. These were (a) the standard instructions, (b) IT concealed in an envelope, and (c) IT-is-you. Their findings suggested an interaction of race and gender of the subject. They found that the patterns of responses reversed for low income black children compared to the white middle income children used in previous studies. The black girls were highly feminine and the black boys were less masculine and more mixed in sex-role preference than were children in previous studies. The explanation offered was that the female role has higher prestige in black society. This results in more feminine responses in the children.

Shell and Silber (1968) also suggested that young girls are better at discriminating sexual differences than are the boys. Boys and girls scored appropriately when IT was the same sex as they. However, when IT was the opposite sex, girls made more masculine choices than the boys made feminine choices.

Father absence. Biller and Bahm (1971) studied father-absent junior high boys to determine the father's relationship to male sex-role development. Their results indicated that if the father leaves after the boy is 5 years old, no problem in masculine self-concept develops. If the father

is absent before the boy is 5, then the mother must encourage masculine behavior and not be deviant or rejecting to insure normal masculine development.

Santrock (1970) indicated that father-absent girls are more feminine than father-present girls because of the single feminine role model. Santrock found that father-absent boys were more feminine, less aggressive, and more dependent upon adults than were the father-present boys. If a father surrogate was present, the father-absent boys tended to be less dependent.

Heathrington (1972) studied father-absent adolescent girls. Generally, no problem was seen in sex-typing or lower scores in feminine preference in these girls. As a whole, however, the girls seemed to be uncomfortable with male interviewers and were more dependent. The daughters of divorcees were comfortable with males and started dating earlier than the daughters of the widows.

Rigid sex-stereotyping. The inappropriate nature of highly rigid traditional sex-stereotyping has been discussed by Bem (1974), Maccoby (1966), and Maccoby and Jacklin (1974). Maccoby and Jacklin's massive survey of literature on sex differences found very few real differences in male and females. They indicated that certain aspects of sex-stereotypes that are functional in certain contexts may be dysfunctional in some other areas of life. Their example of a man who adopts the "machismo" image achieves support from his male peers and a certain amount of attractiveness to

women. This image has not proven productive for a good husband and father (Maccoby & Jacklin, 1974). It is also suggested that the highly feminine woman who is dependent and nonassertive, and self-deprecatory does not make as good a mother as a less traditional woman.

Bem (1974) indicated that a highly sex-typed person regulates his behavior according to an internal set of sex-role standards. Maccoby and Jacklin (1974) supported the concept of rules or standards for sex-role behavior, but they indicated that these rules may be a distortion of reality. When operating with stereotypes, Maccoby (1966) suggested that one assimilates only the observed behaviors that support and perpetuate the stereotype. This sort of rigid rule book following behavior has also been observed in the deaf (Levine, 1956).

Maccoby and Jacklin (1974) indicated that maximizing male-female differences is not what this society needs. Society has many choices within the biological framework. "It is up to human beings to select (that which will) foster the life styles they most value" (Maccoby & Jacklin, 1974, p. 374).

Conclusions and Research Focus

From the literature on sex-role development one can make the following generalizations:

1. The acquisition of appropriate sex-role is a developmental process (Biller, 1968; Ward, 1968).

2. Sex-role development occurs in a social learning context that involves modeling, imitation, and reinforcement of appropriate sex-role behaviors (Biller & Bahm, 1971; Fagot & Patterson, 1969; Mussen & Distler, 1960; Mussen & Rutherford, 1963; Sears, 1970).

3. Appropriate sex-role development occurs in the context of a warm, nurturant home that offers many opportunities for parent-child interaction and for the modeling and reinforcement of appropriate behaviors (Mussen & Distler, 1960; Mussen & Rutherford, 1963).

Relating these findings to the development of the deaf child, one finds some possible explanations for the problems some researchers have found in the deaf (Altshuler, 1964; Levine, 1956; Myklebust, 1960; Rainer, Altshuler, & Kallman, 1969). During the early years when gender identity and sex-role behaviors are beginning to be displayed (Calderone, 1974; Fagot & Patterson, 1969) the deaf child generally has no effective communication with his family if the other family members are hearing (Mindel & Vernon, 1971; Schlesinger & Meadow, 1972). In addition, the opportunities for social interaction are severely limited until the child enters school. However, deaf children with deaf parents have a communication method that develops much like verbal language practically from birth (Meadow, 1967; Schlesinger & Meadow, 1972). These children are also more normal in sex-role development than are the children with hearing parents (Meadow, 1967, 1968).

The hearing parents of deaf children generally are in a period of anxiety and frustration during the time the child is developing a sex-role (Mindel & Vernon, 1971; Moores, 1973; Schlesinger & Meadow, 1972). The warm, nurturant home environment that is needed for appropriate sex-role development is hindered by this anxiety, guilt, and frustration (Mindel & Vernon; Schlesinger & Meadow). Parents who can resolve the guilt and frustration and who develop the appropriate coping behaviors to deal with their deaf child should be better able to respond to their child in a warm and nurturant manner (Mindel & Vernon; Moores; Schlesinger & Meadow).

It is this last factor that is the focus of the present study. The warm and nurturant environment necessary for appropriate sex-role development (Mussen & Distler, 1960; Mussen & Rutherford, 1963) seems to be impaired in families with deaf children (Mindel & Vernon, 1971; Moores, 1973; Schlesinger & Meadow, 1972). Deaf individuals display some weaknesses in sex-role development but only a small amount of research has been done. This study examines the sex-role development of the deaf child as it is related to their family climate described as the parents' attitudes about and acceptance of deafness.

CHAPTER III

PROCEDURES

The major objective of this study was to examine the relationship between the sex-role development of the deaf child and certain characteristics of the family climate. The child's self-concept and the parents' child-rearing attitudes were also studied.

Subjects

The children for this study were selected from the students at the Central North Carolina School for the Deaf, a temporary day facility in Greensboro, North Carolina. The parents of the children selected were also subjects in the study.

The final sample consisted of 16 children and their parents: six boys and ten girls, and 21 parents. The children ranged in age from 6 to 13 years with a mean of 9 years. There were six children 6-7 years old, four children 8-9 years, five children 10-11 years and one 13 year old. None of the parents of the preschool children chose to participate in the study. Two father-only and three mother-only families participated. Intact families with only the mothers participating numbered six. Five intact families participated with both parents in the study.

The Central North Carolina School for the Deaf was a small satellite program that moved to a new permanent residential facility in Greensboro in the fall of 1975. The school served families in a wide geographical area around Greensboro. The school's official pupil list contained 41 names at the time of this study. This included a small number of children that were no longer in the school for various reasons.

All parents were contacted by letter asking them to give permission for their children to be tested at school by the researcher. Both parents, where present, were also asked to agree to an interview with the researcher.

The families were contacted through a letter sent home with the children. It included a cover letter, a permission slip, and an addressed, stamped envelope (see Appendix A). The letter was sent to the families the week before a parent meeting at the school. The researcher was present at the meeting to answer questions.

A second letter was sent to the families that had not responded to the first (see Appendix B). The bottom half was to be returned in a stamped, addressed envelope provided by the researcher.

The teachers in the preschool classes were asked to select the children they felt were proficient enough in sign language to be tested by the researcher. Five preschool children were selected. One child in the school-age group was eliminated because her mother helped with validation of

the family climate instrument. Twenty-two children 6 to 13 years old then remained. These 27 families, 22 school age and five preschool, were asked to participate in the study.

When the responses to the letters resulted in only 11 children, the researcher contacted several of the mothers at the school. One mother had not completely understood the letters and agreed to participate after further explanation. Several others had hesitated to commit their husbands to participate in the study because of heavy work schedules. In the interest of increasing the number of subjects, it was decided to include these mothers without their husbands.

Instruments and Data Collection

For present purposes, family climate is defined by the score on an interview schedule developed by the researcher (see Appendix C). Family climate is defined as the parents' attitudes and acceptance of deafness. Portions of Meadow's (1967) interview schedule for family climate were used. The interview schedule for the present study included 24 questions. Face and content validity for the interview schedule were established by developing numerous questions relating to all the problems encountered by parents of deaf children as enumerated in the literature on deafness (Mindel & Vernon, 1971; Schlesinger & Meadow, 1972). Several revisions were made after discussing the instrument with one of the teachers who also had a deaf child in the school and with several people knowledgeable in instrumentation. Each of the 24 questions

was scored high (1) or low (0) family climate. A total score could range from zero (least appropriate family climate) to 24 (most appropriate family climate).

For the final multiple correlation and regression analysis, one family climate score per family was used. An average of a set of mother and father family climate scores was used, since a *t*-test found no significant difference between mothers' and fathers' scores ($t(8)=.42$, $p > .05$). The score from the one parent in one-parent families and families with only one parent participating in the study was used as the family climate score.

Sex-role preference was measured by Brown's (1956) IT Scale for Children (ITSC). The ITSC consists of 36 pictures of toys and activities from which the child must select items for the IT figure (see Appendix D). The IT figure was concealed in an envelope and the assumption was that the child projects his own sex-role preferences upon the IT figure.

Construct validity of the ITSC was supported by Biller (1968), Mussen and Distler (1960), and Mussen and Rutherford (1963). Reliability was established by Brown (1956) by a one month retest. Rank difference coefficients for boys and girls were .69 and .82, respectively, both of which were significantly greater than zero at $p=.01$. Further validity was obtained by administering the ITSC to 15 hearing children, eight girls and seven boys. They were contacted on a playground in an apartment complex. The mean age was 8.12 years.

A *t*-test found no significant difference between the mean ITSC scores for hearing (*M*=64.4) and deaf children (*M*=69.8), *t*(29)=.71, *p* >.05. The variability of the hearing children (range=0-84) was, however, greater than that of the deaf children (range=31-82). The hearing children had more extreme opposite-sex scores. The researcher noted that the two hearing boys with extremely feminine scores were not behaviorally feminine. They exhibited normal masculine behaviors and no apparent feminine behaviors. They simply displayed the flexibility of the choices available to them and decided that IT was a girl. None of the deaf boys had extremely feminine (low) ITSC scores. With a larger number of subjects, this difference could be significant.

The ITSC was administered to the deaf children in the concealed IT condition (Lansky & McKay, 1963) at school. The scores range from zero (most feminine) to 84 (most masculine). For the purpose of analysis, the girls' scores were reversed so that for both sexes, zero indicated high opposite-sex stereotyping and 84 indicated high own-sex stereotyping. A score of 42 is mid-way between own- and opposite-sex stereotyping.

Sex-role adoption was measured by teacher ratings of sex-role behavior using a scale devised by Biller (1968) (see Appendix E). The results were used as a second measure of sex-role development. The scores range from zero (most feminine) to 64 (most masculine). Each question was scored

on a 0 to 4, 5-point continuum. Again the girls' scores were reversed to make comparison easier. Zero was least sex-stereotyped and 64 was most sex-stereotyped sex-role adoption.

Determining the ITSC and teacher rating scores that are most appropriate was necessary for this study. Societal norms are changing but still remain fairly rigidly stereotyped. Girls have generally been allowed to display more opposite-sex behaviors than boys have. Boys have had to conform to very rigid masculine stereotypes.

Maccoby and Jacklin (1974) have suggested that rigid stereotypes are not functional. If this is accepted then a contradiction exists between what culture dictates and what is functional for the individual. Cultural influences should be more powerful in sex-role preference which involves very cognitive responses. Adoption is much less cognitive (Biller, 1968) and consists of functional responses less strongly tied to cultural norms than is preference.

Bem (1974) has suggested that psychological androgyny is more desirable and functional in adults. Psychological androgyny involves rejecting rigid sex-stereotyped response patterns and adopting responses from both masculine and feminine roles as needed. Responses are made for their functionality instead of sex-appropriateness. For the present study, it is assumed that psychological androgyny is applicable to children.

Based on Bem's (1974) and Maccoby and Jacklin's (1974) work, in this study, moderately high scores in the range of 60 to 75 were considered appropriate for the ITSC. These scores indicate some flexibility within the culturally defined own-sex stereotypes. Moderate scores on the teacher rating, indicating more functional choices and weaker influence of stereotypes, were considered more appropriate for the girls. Since boys' behaviors are more likely to be influenced by cultural stereotyping, appropriate scores for them should be slightly higher than the girls'.

Self-concept was measured by an adapted self-image test developed especially for the deaf by Meadow (1967) (see Appendix F). The stimulus is a series of cartoon-type pictures and words describing six adjectives in sign language and written words. The child rates himself on these adjectives on a five point continuum from high to low. He makes a self-appraisal and then must make judgments on how six significant others would rate him on the same adjectives. The original test contained a seventh significant other, a counselor. The test was adapted to eliminate that portion because the Central North Carolina School for the Deaf at that time did not have a regular counselor.

The scores could range from 42 (low self-concept) to 210 (high self-concept). The children were tested at school, the younger ones individually, the older, more verbal, children in pairs. The researcher gave the instructions and answered questions in sign language.

Child-rearing practices were measured by Shoben's (1949) Parent Attitude Survey (PAS) (see Appendix G). Each of the 21 parents responded to the questionnaire. It consisted of 85 items with a four point response pattern from strongly agree to strongly disagree. Scores can range from 242 (more permissive) to 491 (less permissive).

"Ideal" scores for the PAS were established from the responses of eight clinical psychologists who answered as they believed an "ideal" parent would. In 1949, the range of "ideal" scores was 275 to 297. Mitchell (1971) reported that the mean PAS score for middle class parents was 333.44 and for lower-social class parents was 398.21. These scores were considerably higher than Shoben's 1949 "ideal" scores. Mitchell indicated that the ideal scores are lower than current scores but that more moderate scores are more appropriate for today's parents.

The PAS can be divided into four subscales--possessive, dominating, ignoring, and unclassified. Only the first three were used for the analysis in this study. The mothers' PAS scores were used for the regression analysis in cases where both parents participated since a *t*-test determined no significant difference between the fathers' and mothers' scores, $t(8)=.70$, $p > .05$.

Procedure

The children were tested at school using sign language. The ITSC was administered at the first session. The researcher

called each child from the classroom and escorted him/her to another room equipped with table and chairs and just down the hall. It was explained that the child's help was needed for some of the researcher's college work. After completing the session the child received a small piece of candy. Word of the candy spread quickly to the others and all were eager to take their turn. The ITSC sessions required 10-15 minutes per child.

The Self-image test was administered two months later. Children were called from the classroom in the same manner. The younger, less verbal, and older, distractable children were tested individually. The more verbal and well behaved children were tested in groups of two or three. Each question was explained verbally and manually one at a time until the child understood the pattern. Questions were answered as they arose. The self-concept session required 15-30 minutes per child or group.

The researcher helped out at lunch at the school twice a week and was therefore known by the children. The children were at ease and seemed to enjoy the sessions.

The parents were interviewed in their home or at their child's school. Ten families were interviewed at home and six were interviewed at the school. Four parents completed the PAS outside the interview session. The remainder completed it at the time of the interview. When both parents participated in the study, while one was being interviewed

with the Family Climate Interview Schedule, the other parent completed the PAS.

The interview required approximately 15 minutes but was variable as parents elaborated on their responses and frequently digressed. The PAS required from 20-60 minutes for the parents to complete. Some words or questions occasionally required clarification by the researcher. In a few cases the entire session with the parents was lengthened by an extended period of conversation not necessarily related to the interview.

Method of Analysis

The data were analyzed by multiple correlation and regression methods. The main variables studied were the sex-role preference score from the ITSC, sex-role adoption score from the teacher ratings, self-concept score, total family climate score, and mothers' PAS (fathers' PAS when mother was absent). Other variables included age of child, fathers' PAS, and PAS subscales for both parents. A Pearson correlation matrix was generated to find the relationships among all the variables.

Partial correlation procedures were used to control for the effects of self-concept and child-rearing attitudes (PAS) on the relationship between ITSC and family climate.

CHAPTER IV

RESULTS AND DISCUSSION

The purpose of this study was to determine the relationship between the sex-role development of deaf children and their family climate (parental attitudes and acceptance of deafness). Sex-role development is measured by sex-role preference and adoption. Two variables assumed to be associated with both sex-role development and family climate--child's self-concept and parents' child-rearing attitudes--were also measured.

The deaf children participating in this study were tested at their school using Brown's (1956) IT Scale for Children (see Appendix D) and Meadow's (1967) Self-Image Test (see Appendix F) to measure sex-role preference and self-concept, respectively. The teachers at the school provided a rating of sex-role adoption for each child using a teacher rating scale devised by Biller (1968) (see Appendix E). Sex-role preference and sex-role adoption measures were used to determine sex-role development.

The 14 mothers and seven fathers of the children were interviewed at home or at their child's school. An interview schedule developed by the researcher was used to measure family climate (see Appendix C). Child-rearing attitudes were measured by Shoben's (1949) Parent Attitude Survey (see Appendix G).

It was hypothesized that appropriate sex-role development of the deaf child would be related to high family climate. Also a relationship was expected to exist between high self-concept and both high family climate and appropriate sex-role development. A third hypothesis stated that a moderate score on parents' child-rearing attitudes would be associated with children's high self-concept, high family climate, and appropriate sex-role development. It was further hypothesized that a high family climate would be associated with appropriate sex-role development even when the effects of child-rearing attitudes and the child's self-concept were controlled.

Relationship between Sex-role and Family Climate

The major hypothesis of this study predicted an association between appropriate sex-role development and family climate of the deaf child. Sex-role development involves three stages: preference, adoption, and identification or orientation (Biller, 1968; Ward, 1968). As sex-role identification is an internal construct and difficult to objectify, this study evaluated only sex-role preference (ITSC) and adoption (teacher rating).

Sex-role preference and total family climate. Figure 1 is a scattergram showing the relationship between ITSC (sex-role preference) and total family climate (parents' attitudes and acceptance of deafness). The Pearson correlation coefficient for this relationship was not significant (r=.19, N=16, $p > .05$). If, however, the seven children who scored

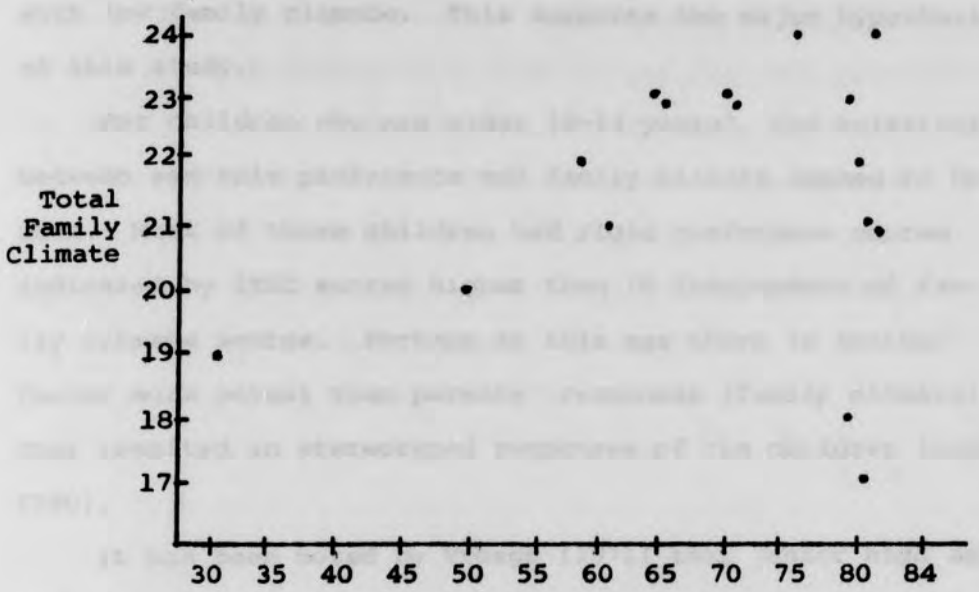

Figure 1. Scattergram for the Association between Sex-role Preference and Total Family Climate

more than 76 on the ITSC were eliminated, the scores of the remaining nine children seem to have a very linear pattern (r=.94, N=9, p <.01). These nine children, with one exception, were all under the age of 9 with a mean age of 8.0 years. The children who were eliminated were all over the age of 9 with a mean of 10.5 years.

Age, then, appears to be a very important factor in the relationship between ITSC and family climate. For younger children (6-9 years), family climate and sex-role preference (ITSC) were strongly correlated, with moderate (appropriate) sex-role preference being associated with high family climate and low (inappropriate) sex-role preference being associated

with low family climate. This supports the major hypothesis of this study.

For children who are older (9-13 years), the relationship between sex-role preference and family climate seemed to break down. Most of these children had rigid preference scores indicated by ITSC scores higher than 76 independent of family climate scores. Perhaps at this age there is another factor more potent than parents' responses (family climate) that resulted in stereotyped responses of the children (high ITSC).

It has been noted by Vroegh (1971) that junior high age children are much more sex-stereotyped than are children at either earlier or later stages. This is the period when secondary sex characteristics develop. These children attempt to eliminate likenesses and emphasize any sexual differences. Perhaps the seven older children in the present study were entering puberty and their responses were highly stereotyped in their effort to eliminate any sex likenesses. Once past this age range, perhaps sex-role preference would again be more strongly related to family climate.

Sex-role adoption and family climate. A non-significant linear correlation coefficient was found between teacher ratings (sex-role adoption) and total family climate (r=-.20, N=16, $p > .05$). Figure 2 clarifies the relationship between total family climate and teacher rating. High family climate scores were paired with moderate teacher ratings; this was

clearer for the girls' scores. Lower family climate scores seemed to be associated with high or low sex-role adoption. The boys' adoption scores (M=39.3) were generally higher than the girls' (M=28.2). This was expected as boys are more strongly influenced by cultural stereotypes. The hypothesized relationship between appropriate (moderate) sex-role and high family climate was supported.

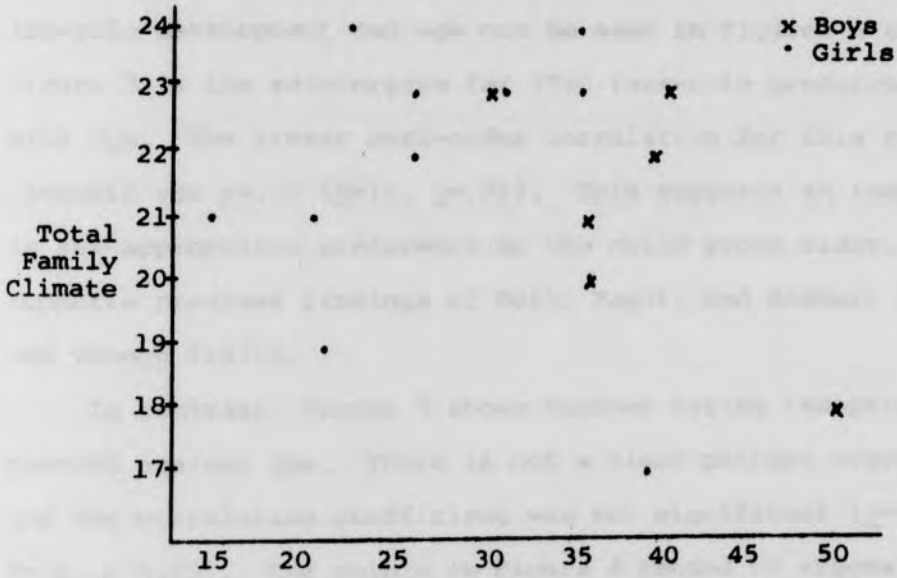

Figure 2. Scattergram for the Association between Sex-role Adoption and Total Family Climate

Sex-role preference with family climate, controlling for self-concept and child-rearing attitudes. Self-concept and parents' child-rearing attitudes are confounding variables in the relationship between sex-role development and family climate. When controlling for the effects of self-concept and child-rearing attitudes with partial correlation

analysis, a significant but low positive relationship was found between ITSC (sex-role preference) and family climate for the entire sample. The second-order partial correlation in this case was .49, (df=12, p=.04). For the nine children who scored below 76 on the ITSC, the partial correlation coefficient was .94(df=5, $p < .01$). This supports the hypothesis but only for these younger children.

Sex-role development and age. The relationship between sex-role development and age can be seen in Figures 3 and 4. Figure 3 is the scattergram for ITSC (sex-role preference) with age. The linear zero-order correlation for this relationship was r=.57 (N=16, p=.01). This suggests an increase in sex-appropriate preference as the child grows older. This supports previous findings of Doll, Fagot, and Himbert (1971) and Vroegh (1971).

In contrast, Figure 4 shows teacher rating (adoption) plotted against age. There is not a clear pattern overall and the correlation coefficient was not significant (r=-.29, N=16, $p > .05$). The points in Figure 4 tended to suggest a decrease in own-sex adoption with age as was indicated by the negative correlation coefficient. This seemed particularly true for the girls. The boys seemed to have an increase in adoption with age suggesting a positive relationship.

This difference in the boys and girls was perhaps a result of the increasing functionality of the girls' responses. The boys, however, were responding with more cultural

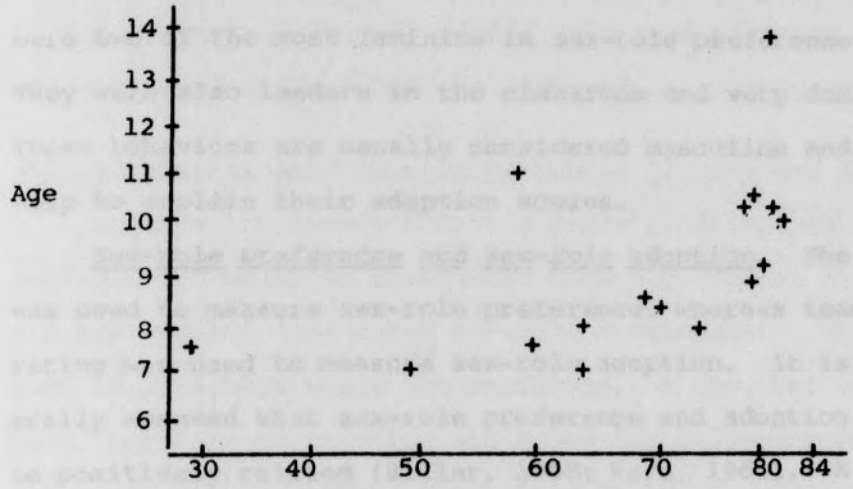

Figure 3. Scattergram of the Association between Sex-role Preference and Age

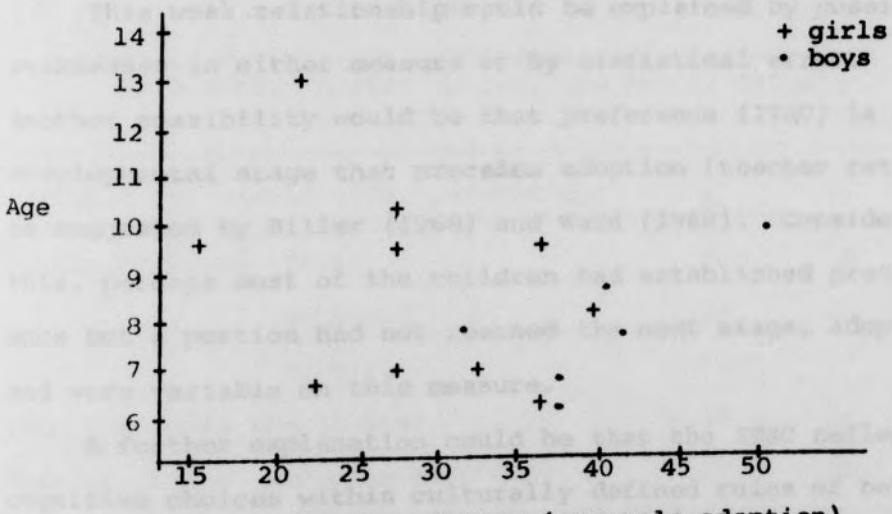

Figure 4. Scattergram of the Association between Sex-role Adoption and Age

stereotypes affecting their behaviors over time. The two older girls with extremely low (masculine) adoption scores were two of the most feminine in sex-role preference (ITSC). They were also leaders in the classroom and very dominant. These behaviors are usually considered masculine and would help to explain their adoption scores.

Sex-role preference and sex-role adoption. The ITSC was used to measure sex-role preference, whereas teacher rating was used to measure sex-role adoption. It is generally assumed that sex-role preference and adoption should be positively related (Biller, 1968; Ward, 1968). A test of this relationship did not support this assumption. A very low, non-significant correlation was found between teacher rating and ITSC scores (r=.14, N=16, $p > .05$).

This weak relationship could be explained by possible weaknesses in either measure or by statistical error. Another possibility would be that preference (ITSC) is a developmental stage that precedes adoption (teacher rating) as suggested by Biller (1968) and Ward (1968). Considering this, perhaps most of the children had established preference but a portion had not reached the next stage, adoption, and were variable on this measure.

A further explanation could be that the ITSC reflects cognitive choices within culturally defined rules of behavior. This would parallel the rule book behavior of the deaf observed by Levine (1956). In contrast, the teacher rating

is an observation of a less cognitive choice of functional behaviors. As rigid stereotypes are considered less functional (Maccoby & Jacklin, 1974), the deaf children may tend to adopt less rigid behaviors compared to their preferences.

Relationship of Self-concept to Family Climate and Sex-role.

Another hypothesis for this study predicted that high self-concept would be associated with high family climate and appropriate (moderate) sex-role development. The first part of this hypothesis was confirmed. A low, but significant, positive correlation was found for self-concept and the total family climate score (see Table 1). This supports Meadow's (1967) findings in her first use of the Self-Image Test.

Table 1

Pearson Correlation Coefficients for Self-concept with ITSC, Teacher Rating, and Family Climate

Variable correlated with self-concept	r	N
Family Climate: Total	.40*	16
Mothers'	.37	14
Fathers'	.72**	7
ITSC (sex-role preference)	-.20	16
Teacher rating (sex-role adoption)	-.17	16

*p <.06
**p <.04

Since the significance of the correlation for self-concept and total family climate was just over the generally accepted level of $p=.05$, it was deemed useful to compare mothers' family climate and fathers' family climate in relation to self-concept of the child.

The fathers' family climate was significantly correlated with self-concept but the mothers' family climate was not (see Table 1). That mothers' family climate did not correlate significantly at the .05 level with child's self-concept could be related to mothers' generally spending more time with their children and consequently having more variables that could relate to self-concept. In that case perhaps an interaction of mothers' family climate and other variables would correlate more significantly with self-concept. Fathers would have fewer variables relating to self-concept and each would then be more significant.

Support for the relationship between high self-concept and appropriate sex-role development was not as clear as that for the relationship between self-concept and family climate. Neither sex-role preference nor sex-role adoption was significantly correlated with self-concept. Despite the lack of statistical significance and the small size of the two correlation coefficients, their direction does warrant some discussion. It could be related just to a non-random sampling error. However, both sex-role measures correlated negatively with self-concept giving some support to the direction of the correlation. A possible explanation for this is

that a high self-concept is related to moderate, more appropriate, rather than high, sex-role scores. This might account for the negative correlation. With a larger number of subjects, this could be more significant.

Sears (1970) reported a negative relationship between femininity and self-concept. The sample for this study favors the girls (N=10) over the boys (N=6). This could also have some relation to the negative relationship between self-concept and the sex-role measures.

Child-rearing Practices with Self-concept, Family Climate, and Sex-role

A third hypothesis for this study was that a moderately low, appropriate score on the PAS (child-rearing attitudes) would be associated with high self-concept, high family climate, and appropriate sex-role development. There was not a significant correlation found for PAS scores and any of these three variables. The range of child-rearing attitudes and practices (possessive, dominating, and ignoring), as measured by PAS, is probably not conceptually related to the three other variables. In combination with other factors, child-rearing attitudes could be more important. The mean PAS score for this study was 349 which is between the middle and lower social class scores reported by Mitchell (1971). However, the mean reported here is closer to the middle class mean reported by Mitchell than to the lower class mean.

An interesting correlation was found for self-concept and fathers' possessive subscale of the PAS (r=.85, N=7,

p=.008). This correlation suggests that a high self-concept was associated with highly possessive fathers. The possessive subscale indicates a tendency to emphasize affectionate parent-child bonds, to pamper the child, to encourage the child's dependency, and to limit the child's activities to the family group. With this sort of father, the child is likely to have more interactions with the father and more opportunities for the father to augment the child's self-concept.

Multiple Regression Analysis

Four multiple regression analyses were performed with ITSC, age of child, total family climate, self-concept, PAS, and teacher rating as variables. ITSC, teacher rating, and self-concept were used individually as dependent (criterion) variables. The remaining five variables were independent (predictor) variables in each regression. A fourth regression analysis was performed with ITSC as dependent variable but only for the subjects scoring 76 or below on the ITSC.

The only multiple correlation that reached statistical significance with all the subjects was the one with ITSC as the dependent variable (see Table 2). Eliminating the rigidly sex-stereotyped subjects a second ITSC regression was performed (see Table 2).

The regression analysis is given for self-concept because the third step of this regression almost reached statistical significance at p=.05 (see Table 3). The third

Table 2

Multiple Regression Analyses with ITSC as Dependent Variable

Dependent Variable	Independent Variables	R	R^2	F	df
ITSC	Age	.57253	.32779	6.82*	1/14
N=16	PAS	.66948	.44820	5.28*	2/13
	Total family climate	.72306	.52281	4.38*	3/12
	Self-concept	.77745	.60443	4.20*	4/11
	Teacher rating	.79661	.63459	3.47*	5/10
ITSC N=9[a]	Total family climate	.94149	.88639	54.62**	1/7
	Teacher rating	.96748	.93602	43.89**	2/6
	Self-concept	.97316	.94703	29.80**	3/5

*p $<$.05
**p $<$.01
[a]Analysis is only for subjects scoring 76 or below on ITSC.

Table 3

Multiple Regression Analyses with Self-concept as Dependent Variable

Dependent Variable	Independent Variables	R	R^2	F	df
Self-concept N=16	Total family climate	.40398	.16320	2.73	1/14
	PAS	.50140	.25140	2.18	2/13
	ITSC	.67107	.45034	3.28	3/12
	Teacher rating	.68790	.47443	2.48	4/11
	Age	.69594	.48433	1.88	5/10
Self-concept N=5[a]	Total family climate	.74093	.54898	3.65	1/3
	PAS	.99666	.99333	149*	2/2
	Age	.99994	.99987	2620*	3/1

*$p < .05$

[a]Analysis for families with both parents reporting.

part of Table 3 shows the regression analysis for self-concept using only the data from the children with both parents participating in the study because this analysis reached statistical significance. The regression with teacher rating is not included as it was not statistically significant.

ITSC regression analyses. The multiple regression analysis with ITSC as dependent variable established age of child as the best predictor of ITSC score for the entire sample. Reading the R^2 column, age accounted for 32% of the total variance of ITSC scores. PAS and total family climate accounted for 12% and 7% more of the variance, respectively. Self-concept and teacher ratings added only a small amount to the predictive power of the equation.

One difficulty in applying regression techniques to data from small samples is that multiple correlations tend to overestimate the value for the population. This overestimation is related to the ratio between the number of independent variables (k) in the equation and the number of subjects (N) minus the number of variables in the equation minus one (k/N-k-1). The larger this ratio, the greater the overestimation of R. To account for this, a shrinkage formula was used on the ITSC multiple correlation. This yielded $R=.67222$, $R^2=.45189$. In this case the five independent variables, age, PAS, total family climate, self-concept, and teacher rating, accounted for 45% of the variance of

ITSC scores instead of the 63% which is shown on Table 2. Age was the single best predictor for ITSC scores. Since sex-role is a developmental concept, this was not unexpected.

The regression analysis for the nine subjects with ITSC scores of 76 or below is given in Table 2. The best predictor of the independent variable, ITSC (sex-role preference), was total family climate. For these children, family climate scores accounted for 89% of the variance of ITSC scores. In the second and third steps, teacher rating and self-concept added 4% and 1%, respectively, to the explained variance of ITSC scores. After applying the shrinkage formula, total family climate, teacher rating, and self-concept accounted for 91.5% of the total variance of ITSC scores (R=.95669, R^2=.91525).

Self-concept regression analysis. The regression analysis using self-concept as the dependent variable did not reach statistical significance at the 5% level. But the F value of R^2 in the third step of the regression, adding ITSC, was only .22 of a point from being significant at p=.05. As listed in Table 3, the variables in this third step, in order of importance, were total family climate, PAS, and ITSC. As the remaining variables, teacher rating and age, added only small increments to the value of R^2, they may be omitted.

To give more support to the possible significance of the multiple regression with self-concept as dependent

variable, a second multiple regression analysis was performed using only the data from children who had both parents participating in the study. As shown in Table 2, the single best predictor of self-concept for these five cases was total family climate which accounted for 54% of the variance. PAS increased $\underline{R}^2$ to .993 in the second step of the regression. The third step added age which increased $\underline{R}^2$ by only .6%. Even after applying the shrinkage formula, the quantities remain high ($\underline{R}$=.99973, $\underline{R}^2$=.99948).

Despite the very small number of cases, this analysis accounted for nearly 100% of the variance of self-concept. It is possible that these families are not typical of the population, however the large size of the multiple correlation does give this analysis considerable importance.

Summary

The data from this study tended to support the hypothesis that appropriate sex-role development is related to high family climate but only for the younger children. When controlling for self-concept with partial correlation analysis, a significant relationship was found between appropriate sex-role preference and family climate. Self-concept was positively correlated with family climate. The relationship between self-concept and sex-role development was equivocal. Child-rearing attitudes were not significantly correlated with either self-concept, total family climate, or sex-role development.

Multiple regression analyses found that age, child-rearing attitudes, and family climate were the best predictors of sex-role preference (ITSC). Family climate and child-rearing attitudes were the best predictors of self-concept.

It must be remembered that these findings apply only to this small non-random sample.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

It is generally accepted that the deaf display definite psycho-social maladjustment. In particular, sex-role maladjustment has been observed. Research has also indicated that parents of deaf children find difficulty in emotionally resolving the conflicts surrounding the birth of a deaf child and developing the necessary coping behaviors to deal with the deafness. Research in social learning theory has suggested that for appropriate sex-role development to occur, a warm, nurturant home environment is needed. This type of home environment is frequently missing for deaf children because of their parents' difficulties in dealing with the child's deafness.

The purpose of this study was to examine the relationship between the deaf child's sex-role development and his parents' attitudes about and acceptance of deafness (family climate). Other variables examined included child-rearing attitudes of the parents, child's self-concept, and age of the child.

The subjects for this study were 16 deaf children in a day school for the deaf and their 21 parents. They included 10 girls, six boys, 14 mothers, and seven fathers. The children were tested at school using sign language. Brown's

(1956) IT Scale for Children was used to measure sex-role preference. Meadow's (1967) Self-Image Test was used to measure self-concept of the children. Teachers at the school provided measures of sex-role adoption using Biller's (1968) Teacher Rating.

Parents were interviewed at home or their child's school. Family climate was determined by an interview schedule developed by the researcher. Child-rearing attitudes were measured using Shoben's (1949) Parent Attitude Survey.

It must be noted that the subjects for this research formed a very biased sample. They were self-selected. Some fathers did not participate. The preschoolers' parents did not participate in the study. Those not participating, especially the preschool families, were likely to be low family climate individuals who felt threatened by or were fearful of the research. The children were limited to 6-13 year olds. These biases must be considered in evaluating the results presented here.

Data were analyzed using Pearson correlation, partial correlation, and multiple regression analyses.

The relationship between high family climate and appropriate (moderate) sex-role development was supported by the data but only for the younger subjects. This relationship also existed when controlling for the effects of self-concept and child-rearing attitudes. Family climate and self-concept were positively correlated. The relationship between self-concept and sex-role development was unclear in

that statistical analysis provided no conclusive results. There was not a significant relationship between child-rearing attitudes and either self-concept, family climate, or sex-role development.

Using multiple regression analysis, it was found that the best predictors of ITSC scores (sex-role preference), in order of importance, were age, child-rearing attitudes, and family climate. For the younger subjects (6-9), total family climate was the best predictor of ITSC. Self-concept was best predicted by family climate and child-rearing attitudes.

These results suggest that the deaf child is not greatly different from hearing children. It appears, rather, that it is the parents who are different. Their responses seem to be related to the problems that develop in their deaf child. These problems do not seem to be related to a weakness found in the deaf child himself.

Recommendations

The results of this study showed some significant relationships among sex-role, family climate, self-concept, and child-rearing attitudes despite the small biased sample. Further study is needed with larger, more diverse samples to refine and expand on the results reported here and determine their applicability to the population of deaf children and their families. Specifically, study is needed with children both older and younger than those in the present study.

Research comparing parents of deaf children and parents of hearing children could prove fruitful. Socio-economic variables could be evaluated in relation to sex-role and family climate.

One finding of this study was that sex-role development, one of the areas of weakness in the psycho-social functioning of the deaf, was related to parental responses. Knowing this, it is important for professionals working with the deaf to find a way to deal with it. Earlier diagnosis of hearing impairment would be easy to accomplish if physicians would incorporate auditory screening in their infant examinations. Parents would then not go through the often long and agonizing process of seeking a diagnosis. Earlier diagnosis would enable parents to resolve their own inner conflicts earlier in their child's development and learn to cope with their child's deafness before the child is affected by these conflicts. Counseling and training parents could help resolve their conflicts and teach them about deafness and how to deal with it on a daily basis.

Giving the parents strategies to overcome the crisis of having a deaf child will not only help the child but also is likely to improve the life of the parents. A more content, less anxious parent would tend to result in a more normally functioning child.

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APPENDIX A
Letter to Parents--I

March 7, 1975

CNCSD Parents and Guardians,

This letter is a request for your help and cooperation in a project that I am doing for a Masters degree at UNC-G. I am interested in deaf children and their families. The goal of my project is to find out more about how families with deaf children work out the problem of having a deaf child. In turn, I hope that what I can learn from my project can help other families in the future who are faced with the same situation.

I have been working through the school and have their cooperation and support, but I am not affiliated with CNCSD except as a volunteer twice a week at lunch.

My project involves interviewing the parents/guardians of the CNCSD students and giving two simple picture tests to the children. Wherever possible, both parents/guardians are needed for the project.

I first ask your permission to test your child at school. I also need to know if you are willing to let me interview you for approximately one hour at your convenience. Any information I get from you or your child is STRICTLY CONFIDENTIAL. No names or other identification will be used to report the results.

I will be at the PTA meeting March 12 to explain and answer any questions. I welcome an opportunity to meet you all as I have enjoyed getting to know your children.

Please fill out the enclosed permission slip and return it to me in the stamped, addressed envelope. Even if you don't wish to participate, please let me know that by returning the form.

Cordially,

Nancy A. Holland

Please check off your answer and fill in the appropriate blanks.

_____ I/we give permission for Nancy Holland to test my/our child_____at CNCSD.

_____ I/we also agree to a confidential interview with Mrs. Holland at our/my convenience. (Both parents or guardians are strongly urged to participate if possible. Interviews should begin shortly after Easter.)

Please suggest times during the week when you are usually free_____

_____

Phone number_____

_____ I/we do not wish to participate.

Signed_____

APPENDIX B
Letter to Parents--II

May 6, 1975

Dear CNCSD parents,

Not long ago you received a letter from me requesting your help in my thesis work at UNC-G. Some of you have responded and I appreciate your prompt reply. I do still need to hear from the rest of you.

What I need is this:

1. Your permission to test your child at school.
2. Your cooperation in letting me talk with you for a short time in your home at your convenience.

I will remind you that all the information obtained will be kept in strictest confidence. No names will ever be used in my report. The results of your child's tests will not go in school records. A copy of my thesis will be given to the school where you will be able to read it.

Your help is truly needed in my project. I hope that what I can learn will help families with deaf children in the future.

Please take a moment to fill out the part below and return it to me in the enclosed envelope. If you have questions please feel free to call me at my home, collect if you are outside Greensboro, 299-5838.

Sincerely,

Nancy A. Holland

_____I/we give permission for my/our child_____ to be tested by Nancy Holland. I/we also agree to a short interview with Mrs. Holland at our/my convenience.

_____I/we do not wish for our child to participate.

Signature_____Phone_____

APPENDIX C
Interview Schedule

Name_____Child's name_____

Relationship to child_____

Number of other children in the home Boys_____Girls_____

Other people in the home (boarders, relatives...)_____

Hearing status of family: Mother_____Father_____Sibs____

Other family_____

Was child born deaf?_____

How old was child when final diagnosis of deafness was made?_____

1. Do you use sign language with _____? H-yes, L-no
2. If you don't sign, do you... H- want to but have not learned? L- feel that lipreading and speech are better for _____?
3. Have you or would you ever move so that_____ could go to a particular special school? H- yes, L- no
4. Do you think it is good that CNCSD has deaf teachers? H- yes, L- no
5. Do other members of your family use sign with _____? H- yes, L- no
6. Do you let your child play with other children in your neighborhood? H- yes, _____needs to be with other children. L- no, the other children might make fun.
7. Do you let_____play alone outside? H- yes in the area near home. L- only in our yard.

8. Do you let _____play with friends outside without direct supervision? H- In special neighbors' yard. L- only in our yard.
9. Does _____ever have deaf friends come for a visit? H- yes, L- no.
10. Does your child ever visit deaf friends? H- yes, L- no.
11. Does _____ever participate in any group activities like Scouts, 4-H, or Summer Camp? H- yes, L- no. (If too young, substitute: Will you encourage_____ to participate in these activities?)
12. Would you (or do you) allow your hearing children to participate in Scouting, 4-H, Y, camps? H- yes, L- no.
13. Do you ever take _____to church activities? H- yes, L- no
14. When you have guests at home, do you: H- let _____ meet the guests? L- send _____to his/her room so no one will be bothered?
15. Do you do the same with your hearing child(ren) when guests come? H- yes, L- no. (Would you do same if you had hearing children?)
16. Does _____do chores around home? H- yes, child needs to pull his own weight. L- no, I can't expect that of _____.
17. For a hearing child of the same age as _____would you expect the same as your answer to the last question? H- yes, L- no.

18. What do you do when you have a problem or question about _____? H- Try to work it out if possible. L- Always ask someone for advice.

19. Is this the same as for your hearing children? H- yes, L- no.

20. If _____misbehaves, what do you do? H- Scold _____and tell what was wrong and why and threaten further punishment. L- Immediately spank_____ so that (he/she) knows that (he/she) is wrong. H- A combination of the above depending on the circumstances.

21. Do you expect _____to go to college? H- yes, L- no.

22. Do you hope _____will marry a hearing person? H- no, _____would have more in common with a deaf person. L- yes, then there would be a person to interpret for him/her. H- Can't say. That is really _____'s decision.

23. Do you have contacts with deaf adults? H- yes, L- no.

24. Please rank these handicaps from worst to least bad. (Give card with list to parent.)

_____blindness
_____deafness
_____cerebral palsy
_____crippled (in wheel chair)
_____weak heart
_____mental retardation
_____mental illness (emotionally disturbed)

APPENDIX D

Contents of the IT Scale for Children (Brown, 1956):

Toy picture section (choose 8):

necklace	cradle
tractor	racer
doll	dishes
dump truck	earthmover
train engine	soldiers
purse	doll buggy
gun (rifle)	knife (pocket)
high chair	baby bath

Paired picture section (choose one from each pair):

Indian princess - Indian chief
trousers and shirt - dress
sewing materials - airplane parts
cosmetic articles - shaving articles
mechanical tools - household articles
men's shoes - women's shoes
girls playing - boys playing
building tools - baking articles

Four child-figures section (choose one):

girl
girlish boy (boy dressed as girl)
boyish girl (girl dressed as boy)
boy

APPENDIX E

Teacher Rating (Biller, 1968)

Please rate the children listed on the accompanying rating sheets on the 16 behaviors below. Select "very frequently", "frequently", "sometimes", "seldom", and "never" according to the frequency of these behaviors in each child.

1. Is active and energetic--on the move, plays hard.
2. Leads other children--organizes play activities, assigns tasks to others.
3. Participates in sports and active games--plays rough and tumble games, and games where running and balls are involved.
4. Makes own decisions--not swayed by other children when he/she has decided what he/she wants to play, doesn't ask others what he/she should do.
5. Daring in play--the first to attempt a physical feat, takes chances in jumping, climbing trees, the jungle gym.
6. Builds and fixes things--uses blocks and other building materials, likes to put things together.
7. Curious--asks what makes things work, looks things over carefully and takes things apart.
8. Protects other children--aids children who are being bullied, helps children in danger.
9. Likes to show strength--picks up heavy things, challenges other children to feats of strength and speed.
10. Asks for help--acts helpless, wants someone to do things for him/her that could be done for self.
11. Is timid around others--is fearful when introduced to new adults and children, fears physical contact.

12. Concerned with neatness and cleanliness--avoids getting clothes dirty while playing, stays away from messy activities.

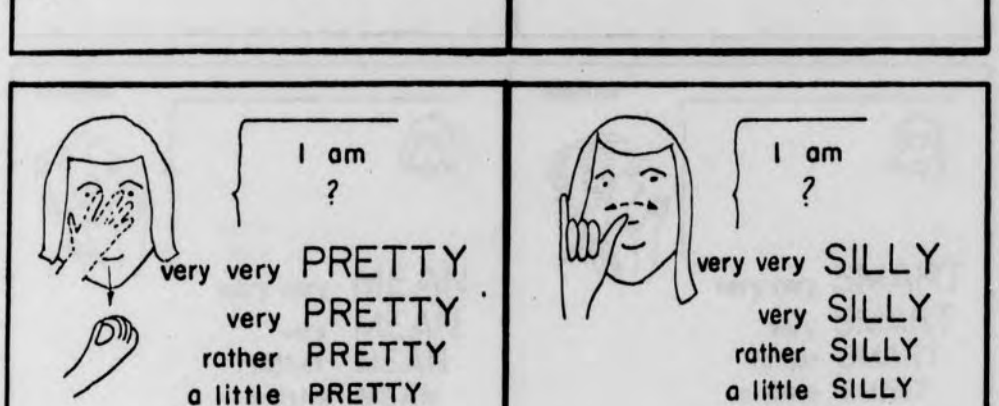
13. Clings on adults--tries to be near teacher and to be held closely, wants to be protected.

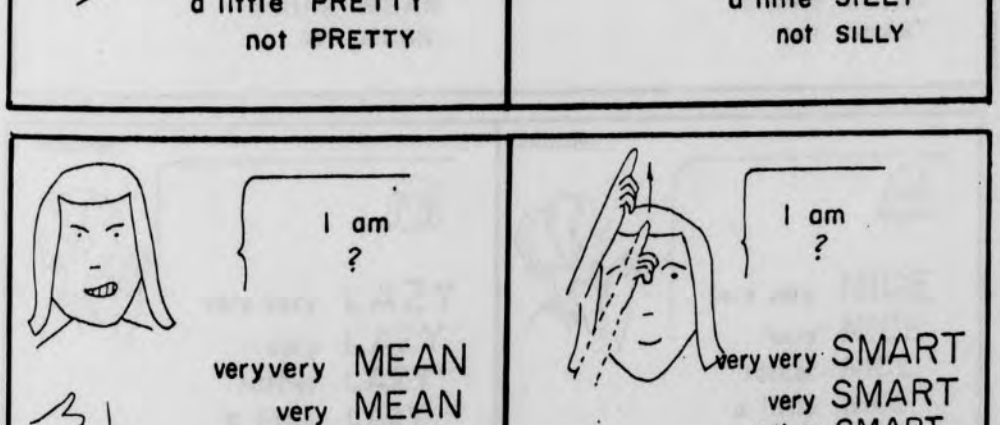
14. Gives up easily--withdraws when he/she thinks another child is doing better, does not stand up for his/her rights.

15. Prefers to stay by self--engages in solitary activity, plays at table games.

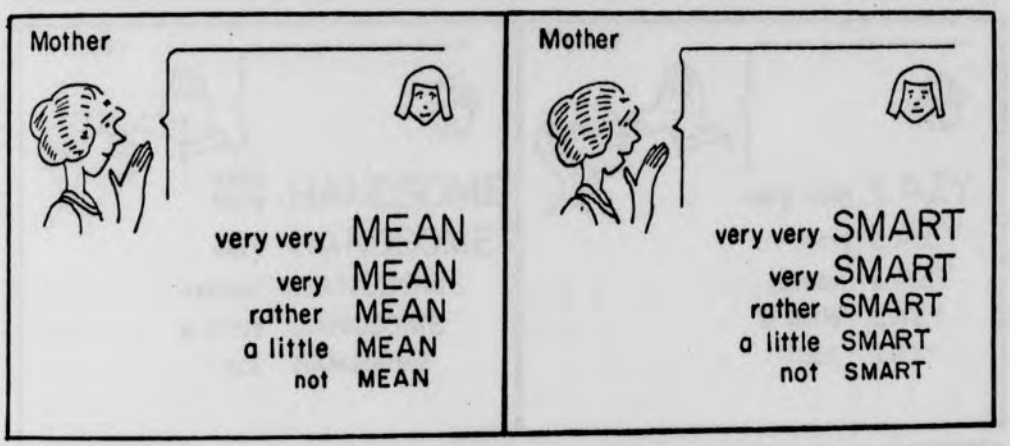
16. Complains--does not settle own conflicts and runs to teacher, claims others are hurting him/her.

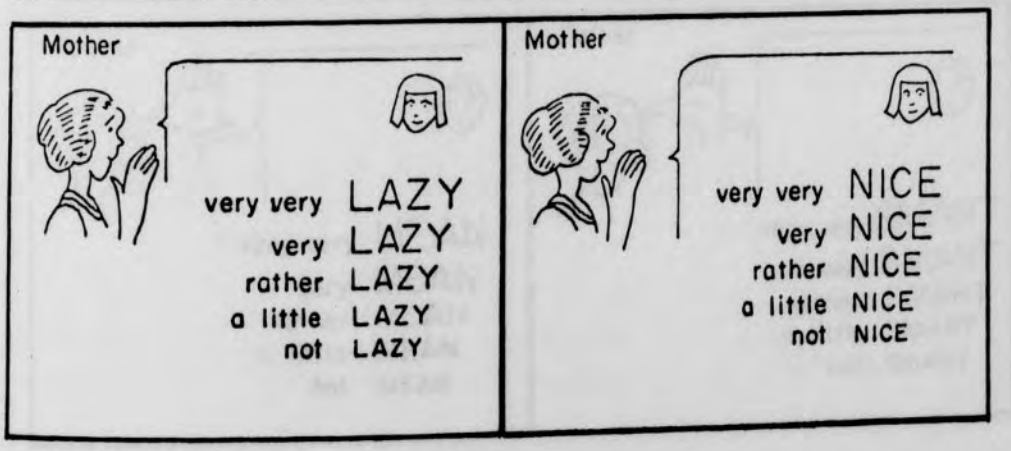
APPENDIX F
Self-Image Test



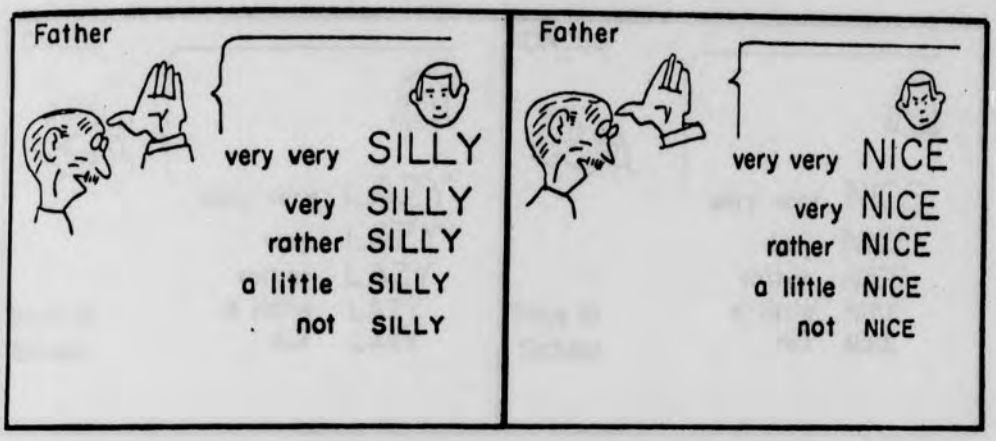


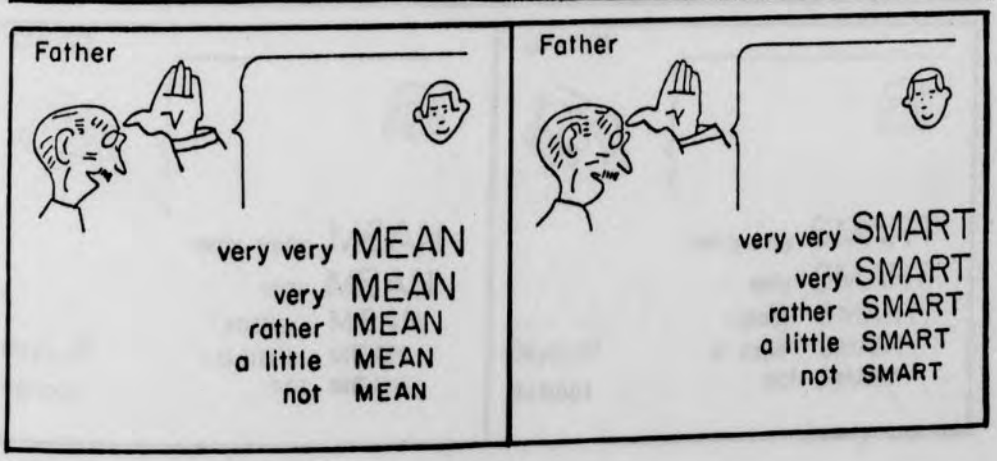
What does your mother think of you?





What does your father think of you?





What do boys at school think of you?

CNCSD

very very LAZY
very LAZY
rather LAZY
a little LAZY
not LAZY

Boys at School

CNCSD

very very NICE
very NICE
rather NICE
a little NICE
not NICE

Boys at School

CNCSD

very very SILLY
very SILLY
rather SILLY
a little SILLY
not SILLY

Boys at School

CNCSD

very very PRETTY
very PRETTY
rather PRETTY
a little PRETTY
not PRETTY

Boys at School

CNCSD

very very MEAN
very MEAN
rather MEAN
a little MEAN
not MEAN

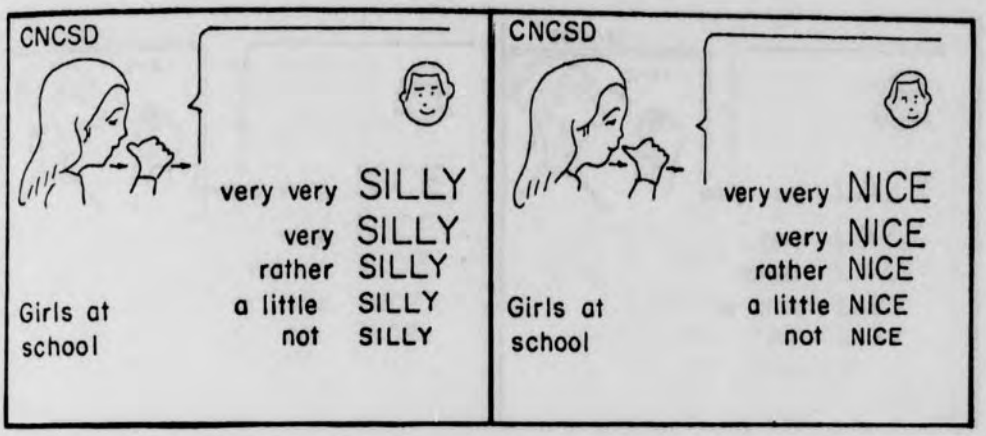
Boys at School

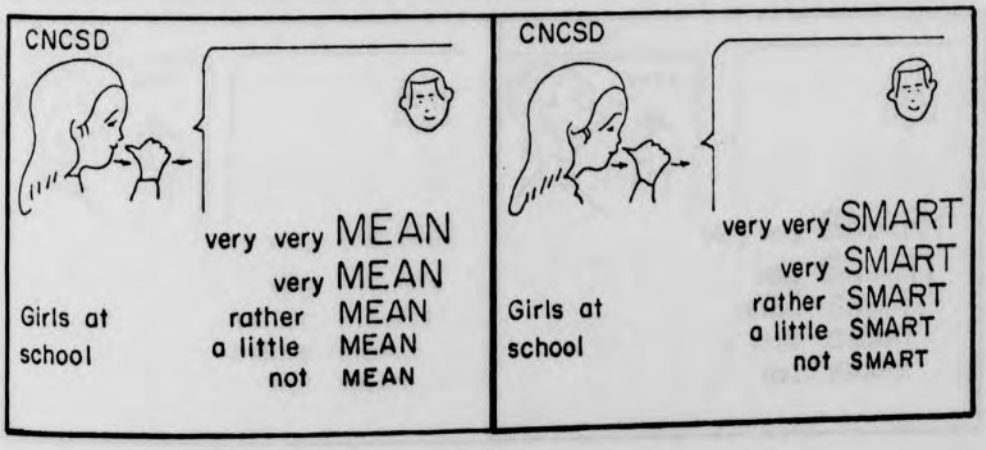
CNCSD

very very SMART
very SMART
rather SMART
a little SMART
not SMART

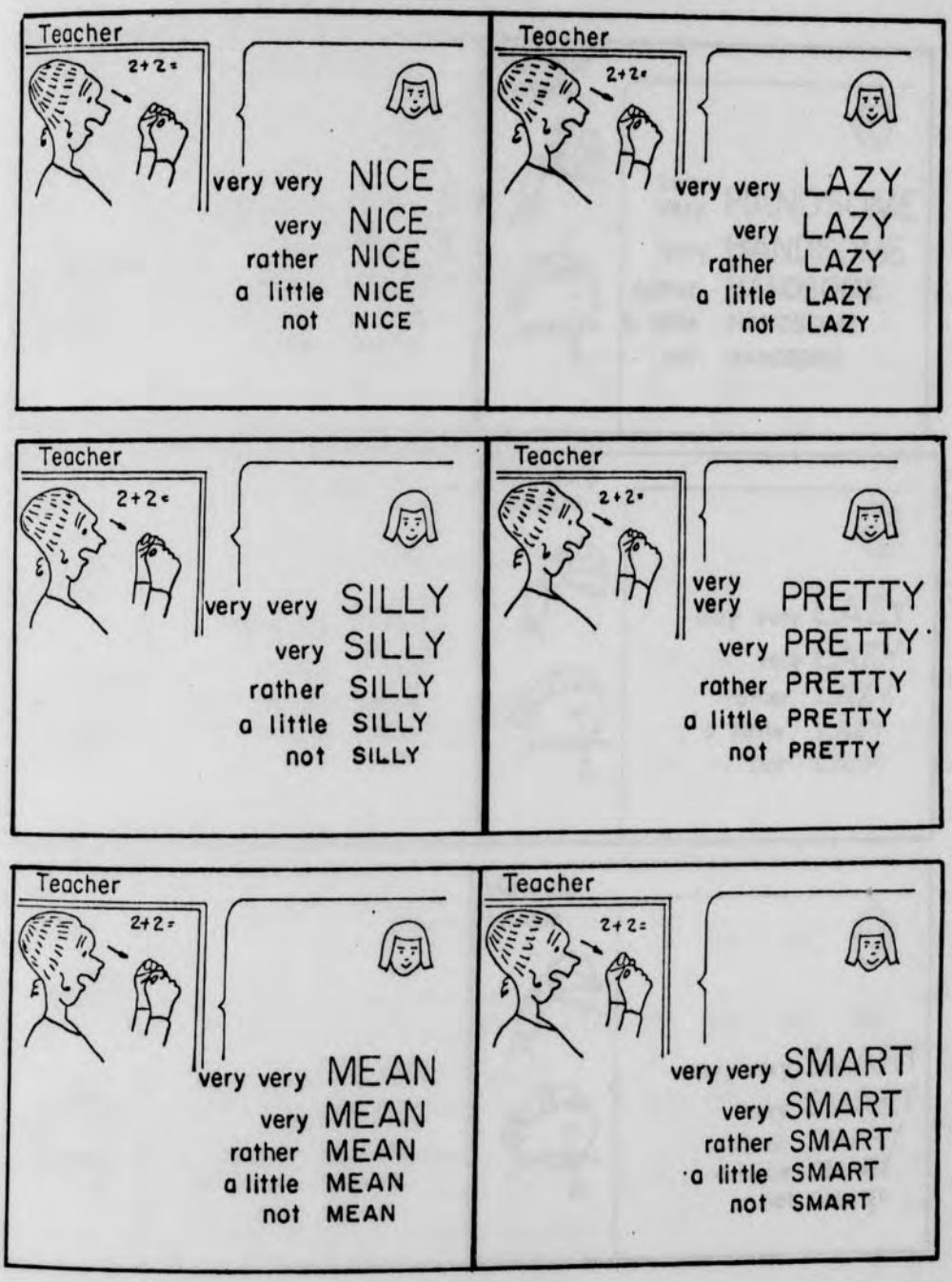
Boys at School

What do girls at school think of you?

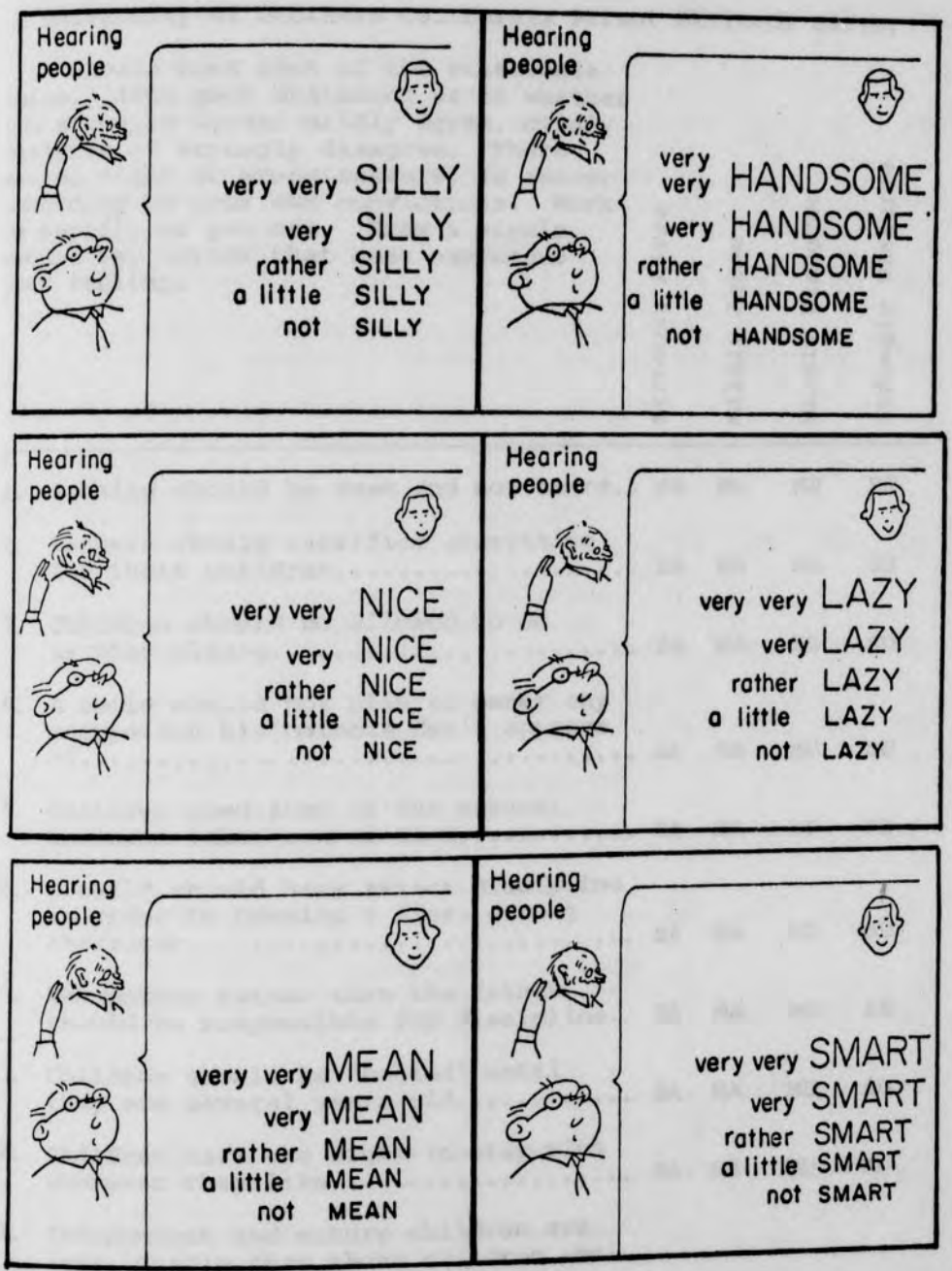




What does your teacher think of you?



What do hearing people think of you?



APPENDIX G

University of Southern California Parent Attitude Survey

Please read each of the statements below. Rate each statement as to whether you strongly agree, mildly agree, mildly disagree or strongly disagree. There are no right or wrong answers, so answer according to your own convictions. Work as rapidly as you can. Draw a circle around the letter that best expresses your feeling.

		Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
1.	A child should be seen and not heard..	SA	MA	MD	SD
2.	Parents should sacrifice everything for their children.....	SA	MA	MD	SD
3.	Children should be allowed to do as they please.....	SA	MA	MD	SD
4.	A child should not plan to enter any occupation his parents don't approve of.....	SA	MA	MD	SD
5.	Children need some of the natural meanness taken out of them.....	SA	MA	MD	SD
6.	A child should have strict discipline in order to develop a fine, strong character.....	SA	MA	MD	SD
7.	The mother rather than the father should be responsible for discipline..	SA	MA	MD	SD
8.	Children should be "babied" until they are several years old.....	SA	MA	MD	SD
9.	Children have the right to play with whomever they like.....	SA	MA	MD	SD
10.	Independent and mature children are less lovable than those children who openly and obviously want and need their parents.....	SA	MA	MD	SD

11. Children should be forbidden to play with youngsters whom their parents do not approve of..... SA MA MD SD

12. A good way to discipline a child is to tell him his parents won't love him anymore if he is bad..... SA MA MD SD

13. Severe discipline is essential in the training of children..... SA MA MD SD

14. Parents cannot help it if their children are naughty..... SA MA MD SD

15. Jealousy among brothers and sisters is a very unhealthy thing..... SA MA MD SD

16. Children should be allowed to go to any Sunday School their friends go to..... SA MA MD SD

17. No child should ever set his will against that of his parents..... SA MA MD SD

18. The Biblical command that children must obey their parents should be adhered to..... SA MA MD SD

19. It is wicked for children to disobey their parents..... SA MA MD SD

20. A child should feel a deep sense of obligation always to act in accord with the wishes of his parents..... SA MA MD SD

21. Children should not be punished for disobedience..... SA MA MD SD

22. Children who are gentlemanly or lady-like are preferable to those who are tomboys or "regular buys"..... SA MA MD SD

23. Strict discipline weakens a child's personality..... SA MA MD SD

24. Children should always be loyal to their parents above anyone else..... SA MA MD SD

25. Children should be steered away from the temptations of religious beliefs other than those accepted by the family..... SA MA MD SD

26. The weaning of a child from the emotional ties to its parents begins at birth.....SA MA MD SD

27. Parents are not entitled to the love of their children unless they earn it.....SA MA MD SD

28. Parents should never try to break a child's will.....SA MA MD SD

29. Children should not be required to take orders from parents.....SA MA MD SD

30. Children should be allowed to choose their own religious beliefs.....SA MA MD SD

31. Children should not interrupt adult conversation.....SA MA MD SD

32. The most important consideration in planning the activities of the home should be the needs and interests of the children.....SA MA MD SD

33. Quiet children are much nicer than little chatterboxes.....SA MA MD SD

34. It is sometimes necessary for the parent to break the child's will.....SA MA MD SD

35. Children usually know ahead of time whether or not parents will punish them for their actions.....SA MA MD SD

36. Children resent discipline.....SA MA MD SD

37. Children should not be permitted to play with youngsters from the "wrong side of the tracks".....SA MA MD SD

38. When the parent speaks, the child should obey.....SA MA MD SD

39. Mild discipline is best.....SA MA MD SD

40. The best child is one who shows lots of affection for his mother.....SA MA MD SD

41. A child should be taught that his parents always know what is best.....SA MA MD SD

42. It is better for children to play at home than to visit other children.....SA MA MD SD

43. Most children should have more discipline than they get.....SA MA MD SD

44. A child should do what he is told to do, without stopping to argue about it.....SA MA MD SD

45. Children should fear their parents to some degree.....SA MA MD SD

46. A child should always love his parents above everyone else.....SA MA MD SD

47. Children who indulge in sex play become adult sex criminals.....SA MA MD SD

48. Children should be allowed to make only minor decisions for themselves....SA MA MD SD

49. A child should always accept the decision of his parents.....SA MA MD SD

50. Children who readily accept authority are much nicer than those who try to be dominant themselves.....SA MA MD SD

51. Parents should always have complete control over the actions of their children.....SA MA MD SD

52. When they can't have their own way, children usually try to bargain or reason with parents.....SA MA MD SD

53. The shy child is worse off than the one who masturbates.....SA MA MD SD

54. Children should accept the religion of their parents without question.....SA MA MD SD

55. The child should not question the commands of his parents.....SA MA MD SD

56. Children who fight with their brothers and sisters are generally a source of great irritation and annoyance to their parents.....SA MA MD SD

57. Children should not be punished for doing anything they have seen their parents do.....SA MA MD SD

58. Jealousy is just a sign of selfishness.....SA MA MD SD

59. Children should be taught the value of money early.....SA MA MD SD

60. A child should be punished for contradicting his parents.....SA MA MD SD

61. Children should have lots of parental supervision.....SA MA MD SD

62. A parent should usee to it that his child plays only with the right kind of children.....SA MA MD SD

63. Babies are more fun for parents than older children are.....SA MA MD SD

64. Parents should supervise a child's selection of playmates very carefully.SA MA MD SD

65. No one should expect a child to respect parents who nag and scold.....SA MA MD SD

66. A child should always believe what his parents tell him.....SA MA MD SD

67. Children should usually be allowed to have their own way.....SA MA MD SD

68. A good way to discipline a child is to cut down his allowance.....SA MA MD SD

69. Children should not be coaxed or petted into obedience.....SA MA MD SD

70. A child should be shamed into obedience if he won't listen to reason.....SA MA MD SD

71. In the long run it is better, after all, for a child to be kept fairly close to his mother's apron strings...SA MA MD SD

72. A good whipping now and then never hurt any child.....SA MA MD SD

73. Masturbation is the worst bad habit that a child can form.....SA MA MD SD

74. A child should never keep a secret from his parents.....SA MA MD SD

75. Parents are generally too busy to answer all a child's questions.....SA MA MD SD

76. The children who make the best adults are those who obey all the time.....SA MA MD SD

77. It is important for children to have some kind of religious upbringing.....SA MA MD SD

78. Children should be allowed to manage their affairs with little supervision from adults.....SA MA MD SD

79. Parents should never enter a child's room without permission.....SA MA MD SD

80. It is best to give children the impression that parents have no faults.....SA MA MD SD

81. Children should not annoy parents with their unimportant problems.....SA MA MD SD

82. Children should give their parents unquestioning obedience.....SA MA MD SD

83. Sex is one of the greatest problems to be contended with in children.....SA MA MD SD

84. Children should have as much freedom as their parents allow themselves.....SA MA MD SD

85. Children should do nothing without the consent of their parents.....SA MA MD SD